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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
AULTMAN HEALTH FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2600 SIXTH STREET SW

City or town, state or province, country, and ZIP or foreign postal code
CANTON, OH 44710

D Employer identification number
34-1445390

E Telephone number
(330) 363-6352

G Gross receipts $ 67,953,539

F Name and address of principal officer
EDWARD J ROTH III
2600 SIXTH STREET SW
CANTON, OH 44710

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AULTMAN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1975

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF AULTMAN HEALTH FOUNDATION IS TO "LEAD OUR COMMUNITY TO IMPROVED HEALTH "

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	44
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	37
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	403
6	Total number of volunteers (estimate if necessary)	**6**	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	43,656,563	42,961,630
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,342,266	2,801,848
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	431,396	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,430,225	45,763,478
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	986,437	726,584
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,903,335	22,063,645
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	22,402,260	24,791,605
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	46,292,032	47,581,834
19	Revenue less expenses Subtract line 18 from line 12	3,138,193	-1,818,356

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	309,576,992	304,911,105
21	Total liabilities (Part X, line 26)	27,120,685	27,359,347
22	Net assets or fund balances Subtract line 21 from line 20	282,456,307	277,551,758

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2017-11-13
Signature of officer Date

MARK D WRIGHT CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LISA HILLING	LISA HILLING			P01624111

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶ 41-0746749
Firm's address ▶ 4505 STEPHEN CIRCLE NW STE 200 CANTON, OH 44718 — Phone no (330) 497-2000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF AULTMAN HEALTH FOUNDATION IS TO "LEAD OUR COMMUNITY TO IMPROVED HEALTH " THE VERTICALLY INTEGRATED HEALTH SYSTEM OF AULTMAN HOSPITAL AND AULTCARE HEALTH PLANS ENABLE AULTMAN TO BE ONE OF THE LOWEST-COST HEALTH CARE PROVIDERS IN NORTHEASTERN OHIO LOWER COSTS HELP LOCAL BUSINESSES STAY FINANCIALLY HEALTHY AND MAINTAIN GOOD JOBS IN OUR COMMUNITY IN ADDITION TO PROVIDING HIGH-QUALITY, LOW-COST HEALTH CARE, AULTMAN HEALTH FOUNDATION PROVIDES HEALTH EDUCATION FOR THE COMMUNITY FOR EXAMPLE, THE WORKING ON WELLNESS (WOW) MOBILE HEALTH-FAIR UNIT PROVIDES HEALTH SCREENINGS AND WELLNESS EDUCATION FOR OUR COMMUNITY SCREENINGS SUCH AS BLOOD PRESSURE CHECKS, HEIGHT, WEIGHT AND BODY MASS INDEX/PERCENTAGE OF BODY FAT ARE PROVIDED IN 2016, THE WOW STAFF REACHED MORE THAN 20,000 PEOPLE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 18,309,064 including grants of $ 0) (Revenue $ 0)
See Additional Data

4b (Code) (Expenses $ 6,682,905 including grants of $ 0) (Revenue $ 6,759,398)
See Additional Data

4c (Code) (Expenses $ 3,497,252 including grants of $ 0) (Revenue $ 0)
See Additional Data

(Code) (Expenses $ 10,190,115 including grants of $ 726,584) (Revenue $ 36,202,232)

AULTMAN HEALTH FOUNDATION (AHF) WAS FORMED TO HANDLE THE OVERALL MANAGEMENT FOR AULTMAN HOSPITAL (AH) AND AHF'S SUBSIDIARIES THIS STRUCTURE IS COMMON TO MANY HEALTH CARE SYSTEMS AHF PERFORMS ACTIVITIES THAT DIRECTLY AND INDIRECTLY IMPACT AH THERE IS A CLOSE WORKING RELATIONSHIP BETWEEN AHF AND AH AND SUBSTANTIAL RESOURCES OF AHF ARE COMMITTED TO FURTHERING THE AH MISSION

4d Other program services (Describe in Schedule O)
(Expenses $ 10,190,115 including grants of $ 726,584) (Revenue $ 36,202,232)

4e **Total program service expenses ▶** 38,679,336

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	165		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	403		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶CJ , EI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	44		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	37		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ OH

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶MARK D WRIGHT 2600 SIXTH STREET SW CANTON, OH 44710 (330) 363-6192

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,102,921	2,462,591	362,470

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 30

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORP 2800 ROCKCREEK PKWY KANSAS CITY, MO 64117	SOFTWARE SUPPORT	5,885,605
DELL FINANCIAL SERVICES ONE DELL WAY ROUND ROCK, TX 78682	SOFTWARE SUPPORT	1,403,863
MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	SOFTWARE SUPPORT	1,159,284
CISCO SYSTEMS INC 170 W TASMAN DR SAN JOSE, CA 95134	SOFTWARE SUPPORT	907,275
HURON CONSULTING GROUP INC 550 WEST VAN BUREN STREET CHICAGO, IL 60607	MANAGEMENT CONSULTING	698,974

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 27

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶				

Program Service Revenue	Business Code				
2a HEALTH SYSTEM ADMINISTRATION	561000	34,368,541	34,368,541		
b PATIENT SERVICE REVENUE	624100	6,821,514	6,821,514		
c PROPERTY MANAGEMENT REVENUE	561000	1,294,951	1,294,951		
d OTHER INCOME	561000	476,624	476,624		
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		42,961,630			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,231,200			1,231,200
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) . . . . . ▶					
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	23,760,709				
b Less cost or other basis and sales expenses	22,190,061				
c Gain or (loss)	1,570,648				
d Net gain or (loss) . . . . . ▶		1,570,648			1,570,648
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities See Part IV, line 19 . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . . a					
b Less cost of goods sold . . b					
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶					
12 **Total revenue.** See Instructions . . . . . ▶		45,763,478	42,961,630	0	2,801,848

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	726,584	726,584		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,796,444	2,265,120	531,324	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,881,649	12,864,136	3,017,513	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	614,779	497,971	116,808	
9 Other employee benefits	1,203,511	974,844	228,667	
10 Payroll taxes	1,567,262	1,269,482	297,780	
11 Fees for services (non-employees)				
a Management				
b Legal	99,638	80,707	18,931	
c Accounting	204,292	165,477	38,815	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	24,274	19,662	4,612	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,577,927	7,758,119	1,819,808	
12 Advertising and promotion	31,477	25,496	5,981	
13 Office expenses	508,227	411,664	96,563	
14 Information technology	9,964,267	8,071,056	1,893,211	
15 Royalties . .				
16 Occupancy	1,243,035	1,006,858	236,177	
17 Travel	197,669	160,112	37,557	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,181	957	224	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	592,181	479,667	112,514	
23 Insurance . . .	103,969	84,215	19,754	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	894,515	724,557	169,958	
b EDUCATION	767,733	621,864	145,869	
c MISC EXPENSE	395,398	320,272	75,126	
d RECRUITMENT	123,706	100,202	23,504	
e All other expenses	62,116	50,314	11,802	
25 **Total functional expenses.** Add lines 1 through 24e	47,581,834	38,679,336	8,902,498	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	2,355,522	2	2,066,387
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,325,491	4	1,629,080
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	5,450,008	7	4,284,166
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,796,710	9	2,159,280
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 11,080,180			
	b	Less accumulated depreciation — 10b: 4,599,642	6,573,803	10c	6,480,538
	11	Investments—publicly traded securities	65,566,558	11	57,888,689
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	220,744,203	13	208,522,362
	14	Intangible assets	1,080,000	14	720,000
	15	Other assets See Part IV, line 11	4,684,697	15	21,160,603
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	309,576,992	16	304,911,105
Liabilities	17	Accounts payable and accrued expenses	3,455,992	17	2,420,062
	18	Grants payable		18	
	19	Deferred revenue	5,400,000	19	5,400,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	18,130,000	23	19,309,857
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	134,693	25	229,428
	26	**Total liabilities.** Add lines 17 through 25	27,120,685	26	27,359,347
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	282,456,307	27	277,551,758
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	282,456,307	33	277,551,758
	34	Total liabilities and net assets/fund balances	309,576,992	34	304,911,105

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,763,478
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,581,834
3	Revenue less expenses Subtract line 2 from line 1	3	-1,818,356
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	282,456,307
5	Net unrealized gains (losses) on investments	5	-464,789
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,621,404
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	277,551,758

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 34-1445390

Name: AULTMAN HEALTH FOUNDATION

Form 990 (2016)

Form 990, Part III, Line 4a:

WITH 111 EMPLOYEES, THE AULTMAN SYSTEMS AND TECHNOLOGY DEPARTMENT PROVIDES THE TECHNICAL INFRASTRUCTURE FOR BUSINESS AND CLINICAL SYSTEMS THROUGHOUT AULTMAN HOSPITAL, ITS SATELLITE FACILITIES AND SUBSIDIARIES THE SYSTEMS AND TECHNOLOGY TEAM HANDLES EVERYTHING RELATED TO INFORMATION TECHNOLOGY AT AULTMAN HEALTH FOUNDATION - INCLUDING HARDWARE, SOFTWARE DATA SECURITY AND INTERNAL CUSTOMER SUPPORT

Form 990, Part III, Line 4b:

THE AULTMAN SPECIALTY HOSPITAL, LOCATED ON THE MAIN AULTMAN CAMPUS, PROVIDES LONG-TERM ACUTE CARE FOR PATIENTS WITH MEDICALLY COMPLEX CONDITIONS PATIENTS' AVERAGE LENGTH OF STAY IS 25 DAYS, AND THEY ARE TYPICALLY TRANSFERRED FROM AULTMAN ICU OR STEP-DOWN UNITS OR OTHER LOCAL HOSPITALS IN 2016, 156 PATIENTS WERE CARED FOR AT THE AULTMAN SPECIALTY HOSPITAL THE FACILITY'S QUALITY PROGRAM HAS BEEN ENHANCED IN THE AREAS OF IMPROVED PREVENTION OF SKIN BREAKDOWN, VENTILATOR-ASSOCIATED PNEUMONIA, LINE SEPSIS AND CLOSTRIDIUM DIFFICILE

Form 990, Part III, Line 4c:

THE 25-MEMBER AULTMAN HEALTH FOUNDATION HUMAN RESOURCES DEPARTMENT PROVIDES SUPPORT SERVICES RELATIVE TO EMPLOYEE BENEFITS, COMPENSATION, EDUCATION AND DEVELOPMENT, EMPLOYEE RECRUITING, NEW-HIRE ORIENTATION, DIVERSITY AND INCLUSION, AND EMPLOYEE EVENTS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD J ROTH III PRESIDENT/CEO	50 00 5 00	X		X				585,821	0	23,706
DOUGLAS J SIBILA CHAIR	6 00 2 00	X		X				0	0	0
BARBARA HAMMONTREE BENNETT VICE CHAIR	5 00 5 00	X		X				0	0	0
DARRYL J DILLENBACK 2ND VICE CHAIR & SECRETARY	7 00 6 00	X		X				0	0	0
CHRISTOPHER E REMARK TREASURER/CEO-AH	5 00 50 00	X		X				0	390,700	24,273
EMIL ALECUSAN DIRECTOR	6 00 0 00	X						0	0	0
DAVID W BARTLEY II DIRECTOR	3 00 1 00	X						0	0	0
BRIAN S BELDEN DIRECTOR	3 00 4 00	X						0	0	0
WILLIAM H BELDEN JR DIRECTOR	3 00 2 00	X						0	0	0
PAUL R BISHOP DIRECTOR	1 00 1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHEILA MARKLEY BLACK DIRECTOR	1 00 0 00	X						0	0	0
THEODORE V BOYD DIRECTOR	3 00 1 00	X						0	0	0
PEGGY CLAYTOR DIRECTOR	1 00 1 00	X						0	0	0
NATE J COOKS DIRECTOR	1 00 3 00	X						0	0	0
ANTHONY DEGENHARD DIRECTOR	1 00 6 00	X						0	0	0
STEPHEN G DEUBLE DIRECTOR	2 00 0 00	X						0	0	0
MILAN R DOPIRAK MD DIRECTOR	1 00 54 00	X						0	430,042	17,061
LEO DOYLE DIRECTOR	5 00 5 00	X						0	0	0
DAVID M FINDLEY DIRECTOR	2 00 0 00	X						0	0	0
NORMAN J GAYNOR III DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
T STEPHEN GREGORY DIRECTOR	5 00 4 00	X						0	0	0
PATRICIA A GRISCHOW DIRECTOR	2 00 2 00	X						0	0	0
RICK L HAINES DIRECTOR/CEO-AULTCARE	5 00 50 00	X						0	417,085	17,145
JOSEPH E HALTER JR DIRECTOR	3 00 1 00	X						0	0	0
MICHAEL E HANKE DIRECTOR	2 00 4 00	X						0	0	0
SUE HOSTETLER DIRECTOR	2 00 0 00	X						0	0	0
JOHN B HUMPHREY JR MD DIRECTOR	5 00 6 00	X						0	0	0
BECKY JEWELL DIRECTOR	1 00 1 00	X						0	0	0
GEOFF KARCHER DIRECTOR	3 00 0 00	X						0	0	0
JAMES E KNISLY DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE W LEMON DIRECTOR	2 00 3 00	X						0	0	0
GENE E LITTLE DIRECTOR	4 00 0 00	X						0	0	0
MICHAEL LYNCH DIRECTOR	2 00 53 00	X						0	428,515	20,619
RONALD R LYONS DIRECTOR	1 00 0 00	X						0	0	0
HARRY C C MACNEALY DIRECTOR	4 00 5 00	X						0	0	0
JEFFREY MILLER MD DIRECTOR	2 00 6 00	X						0	0	0
SUSHMIT PATEL DIRECTOR	1 00 0 00	X						0	0	0
MICHAEL RICH MD DIRECTOR	1 00 54 00	X						0	456,870	23,706
CHARLES B SCHEURER DIRECTOR	1 00 1 00	X						0	0	0
LOUIS G SHAHEEN MD DIRECTOR	1 00 1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN A SIRPILLA DIRECTOR	4 00 1 00	X						0	0	0
TODD M SOMMER DIRECTOR	2 00 1 00	X						0	0	0
GAIL STERLING DIRECTOR	1 00 0 00	X						0	0	0
VICKY STERLING DIRECTOR	3 00 4 00	X						0	0	0
WILLIAM WALLACE MD DIRECTOR	1 00 4 00	X						0	0	0
R CLINT ZOLLINGER ESQ DIRECTOR	2 00 2 00	X						0	0	0
MARK D WRIGHT CFO	50 00 5 00			X				340,298	0	24,273
ELIZABETH A GETZ CIO	50 00 5 00				X			240,539	0	23,100
ROBERT C MOLNAR VP - PHYSICIAN SERVICES	50 00 5 00				X			189,318	0	21,235
SUSAN E OLIVERA VP - HUMAN RESOURCES	50 00 5 00				X			225,683	0	22,721

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALLISON M OPRANDI MD CEO - IHC	0 00 55 00				X			0	339,379	23,268
MARK N ROSE VP - LEGAL SERVICES	50 00 5 00				X			263,737	0	24,230
RONALD RUSNAK DIRECTOR OF CLINICAL INFORMATICS	50 00 5 00					X		309,679	0	17,016
KEVIN D PETE SENIOR VP - IHN	50 00 5 00					X		226,663	0	22,640
TIMOTHY TEYNOR VP - PUBLIC POLICY	50 00 5 00					X		195,334	0	21,406
JASON A JUSTUS ASSOC VP - POMERENE FINANCE	55 00 0 00					X		195,252	0	20,912
FRANCIS SNYDER CEO - POMERENE	55 00 0 00					X		330,597	0	15,159

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☑ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 1

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) AULTMAN HOSPITAL	340714538	3	Yes		10,190,115	0
Total 1					10,190,115	0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1	Yes	

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, LINE 12G, COLUMN V	AULTMAN HEALTH FOUNDATION (AHF) WAS FORMED TO HANDLE THE OVERALL MANAGEMENT FOR AULTMAN HO SPITAL (AH) AND AHF'S SUBSIDIARIES THIS STRUCTURE IS COMMON TO MANY HEALTH CARE SYSTEMS AHF PERFORMS ACTIVITIES THAT DIRECTLY AND INDIRECTLY IMPACT AH THERE IS A CLOSE WORKING R ELATIONSHIP BETWEEN AHF AND AH AND SUBSTANTIAL RESOURCES OF AHF ARE COMMITTED TO FURTHERIN G THE AH MISSION

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
AULTMAN HEALTH FOUNDATION	34-1445390

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		183,213
j	Total Add lines 1c through 1i			183,213
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THIS REPRESENTS PAYMENTS TO VARIOUS PROFESSIONAL ORGANIZATIONS FOR CONDUCTING FEDERAL AND STATE ADVOCACY, GOVERNMENT RELATIONS REPRESENTATION, AND GENERAL LEGISLATIVE COUNSELING AND BUSINESS REGULATIONS ON BEHALF OF THE ORGANIZATION

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		4,351,851		4,351,851
b Buildings		3,747,868	2,343,614	1,404,254
c Leasehold improvements				
d Equipment		2,758,551	2,049,495	709,056
e Other		221,910	206,533	15,377
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				6,480,538

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN AFFILIATES	208,522,362	C
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	208,522,362	

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	21,154,202
(2) INTEREST RATE SWAP	6,401
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	21,160,603

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	229,428
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	229,428

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 34-1445390
Name: AULTMAN HEALTH FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED IN ACCORDANCE WITH THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION, THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			0	0		
b Medicaid (from Worksheet 3, column a)			789,027	793,707	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			789,027	793,707	0	0 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits						
k **Total.** Add lines 7d and 7j			789,027	793,707	0	0 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 62,116			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	3,259,783
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,041,982
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	217,801
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group AULTMAN SPECIALTY HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) AULTMAN ORG/HOME/ABOUT/AULTMAN-HOSPITAL/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url) AULTMAN ORG/HOME/ABOUT/AULTMAN-HOSPITAL/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

AULTMAN SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of _____ %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☐ Residency			
h ☑ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) SEE PART V, PAGE 8			
b ☑ The FAP application form was widely available on a website (list url) SEE PART V, PAGE 8			
c ☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, PAGE 8			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

AULTMAN SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

AULTMAN SPECIALTY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	AULTMAN HEALTH FOUNDATION IS THE PARENT COMPANY OF AULTMAN SPECIALTY HOSPITAL ASH HAS A FINANCIAL ASSISTANCE POLICY (FAP) WHICH HAS THE SAME PROVISIONS AS THE POLICY FOR AULTMAN HOSPITAL AND OTHER FACILITIES WITHIN AULTMAN HEALTH FOUNDATION ACCORDING TO AULTMAN HOSPITAL'S FINANCIAL ASSISTANCE POLICY (FAP), ALL MEDICALLY NECESSARY SELF-PAY PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA IS BASED ON THE UPDATES PUBLISHED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES THE PERCENT OF ASSISTANCE PROVIDED IS DETERMINED ON A SLIDING SCALE AS FOLLOWS 0% TO 100% OF FEDERAL POVERTY GUIDELINE (FPG) RECEIVES 100% DISCOUNT, 101% TO 150% OF FPG IS DISCOUNTED 90%, 151% TO 200% IS DISCOUNTED 80%, 201% TO 300% IS DISCOUNTED 65%, AND 301% AND ABOVE IS DISCOUNTED 54%

Form and Line Reference	Explanation
PART I, LINE 7	THE ORGANIZATION USED THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 OF SCHEDULE H

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 62,116

Form and Line Reference	Explanation
PART I, LINE 6A	AULTMAN HEALTH FOUNDATION, THE PARENT COMPANY, PUBLISHES AN ANNUAL REPORT WHICH INCLUDES ALL RELATED ORGANIZATIONS' PROGRAMS AND SERVICES DESIGNED TO LEAD THE COMMUNITY TO IMPROVED HEALTH AND PROMOTE HEALTHY LIFESTYLES THIS REPORT IS AVAILABLE ON AULTMAN'S WEBSITE (SEE AULTMAN ORG/HOME/ABOUT/AULTMAN-HOSPITAL/ANNUAL-REPORT/)

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT EXPENSE CONSISTS OF AMOUNTS DEEMED UNCOLLECTIBLE AND REFERRED TO COLLECTION AGENCY, PER THE ORGANIZATION'S WRITTEN DEBT COLLECTION POLICY

Form and Line Reference	Explanation
PART III, LINE 3	METHODOLOGY FOR BAD DEBT RELATED TO CHARITY CARE PATIENTS REFERRED TO THE ASH ARE REFERRED HERE BECAUSE THEIR ILLNESSES ARE COMPLEX AND WILL REQUIRE LONG-TERM ACUTE CARE SERVICES MOST OF THE PATIENTS WITH SUCH MEDICALLY COMPLEX ILLNESSES ARE ELDERLY AND HAVE CHRONIC AS WELL AS ACUTE ILLNESS AND ARE ABLE TO QUALIFY FOR MEDICARE OR MEDICAID IF THE PATIENT MEETS THE HEALTH CRITERIA FOR ADMISSIONS INTO A LONG TERM ACUTE CARE FACILITY, ASH ACCEPTS THE PATIENT REGARDLESS OF THEIR ABILITY TO PAY PATIENTS ARE OFTEN CONSIDERED SELF-PAY PATIENTS AT THE TIME OF ADMISSION AND THEN THROUGH OUR OUTREACH PROGRAM THESE PATIENTS ARE USUALLY ABLE TO QUALIFY FOR MEDICAID OR SOME OTHER FORM OF ASSISTANCE BECAUSE OF THIS, ASH HAD $62,116 IN BAD DEBT EXPENSE IN 2016, A RELATIVELY SMALL AMOUNT THE ORGANIZATION DOES HAVE A FINANCIAL ASSISTANCE POLICY WHICH HAS THE SAME PROVISIONS AS THE POLICY FOR ANY OTHER FACILITY WITHIN THE AULTMAN HEALTH FOUNDATION

Form and Line Reference	Explanation
PART III, LINE 4	SEE THE "RECEIVABLES AND PROVISION FOR BAD DEBTS" PARAGRAPHS IN NOTE 1 ON PAGE 9 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 8	ASH DOES NOT HAVE A SHORTFALL WITH ITS MEDICARE PATIENTS THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED IN LINE 6 IS THE MEDICARE COST REPORT

Form and Line Reference	Explanation
PART III, LINE 9B	ASH FOLLOWS THE SAME COLLECTION PROCEDURES OUTLINED IN THE PARENT COMPANY'S COLLECTION POLICY FOR THOSE PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, THE ORGANIZATION REPEATEDLY OFFERS PATIENTS ACCESS TO FINANCIAL HELP DURING THEIR HOSPITAL STAY AND AFTER AS WELL AS WITH EACH BILLING NOTICE BILLS ARE SENT TO A COLLECTION AGENCY AS A LAST RESORT AND ONLY WHEN PATIENTS HAVE THE ABILITY TO PAY SOME PORTION OF THEIR HEALTHCARE EXPENSES BUT DECLINE TO DO SO, WHEN PATIENTS DECLINE TO WORK WITH THE ORGANIZATION TO DETERMINE IF THEY QUALIFY FOR FREE OR DISCOUNTED CARE VIA FEDERAL, STATE, LOCAL OR HOSPITAL ASSISTANCE PROGRAMS, OR WHEN THE ORGANIZATION IS UNABLE TO LOCATE THE PATIENT OR PERSON RESPONSIBLE FOR THE BILL

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT AULTMAN SPECIALTY HOSPITAL (ASH) ASSESSES THE COMMUNITY'S HEALTH CARENEEDS IN A VARIETY OF WAYS IT STUDIES PROTOCOL VOLUME AND PATIENTSATISFACTION SURVEYS IT DOCUMENTS MEDICAL CONDITIONS THAT THOUSANDS OFCOMMUNITY MEMBERS AND MEDICAL STAFF MEMBERS CAN INQUIRE ABOUT IN THESHARON LANE HEALTH CENTER HEALTH LIBRARY IT TRACKS ATTENDANCE AT THE MORETHAN 100 "HEALTH TALK" PRESENTATIONS HELD EACH YEAR TO DETERMINE WHAT TOPICS ARE OF MOST INTEREST TO THE COMMUNITY IN 2016, ASH COLLABORATED WITH AREA HOSPITALS AND HEALTH CARE FACILITIESTO CONDUCT A COMMUNITY HEALTH SURVEY THE GOAL WAS TO GAUGE THE HEALTHSTATUS AND HEALTH HABITS OF STARK COUNTY RESIDENTS - AND IDENTIFY AREASWHERE ASH CAN IMPROVE THE HEALTH OF OUR COMMUNITY FIFTEEN QUESTIONS WEREINCLUDED ON THE POLL OF 1,276 STARK COUNTY HOUSEHOLDS THE SURVEY SHOWED ACCESS TO HEALTH INSURANCE COVERAGE AND HEALTH CARE AS THE TOP PRIORITY,ALONG WITH OBESITY AND LACK OF HEALTHY LIFESTYLE CHOICE, OTHER AREAS OFCONCERN WERE PRESCRIPTION DRUG MISUSE, LARGER NEED FOR MENTAL HEALTHSERVICES, AND GREATER ACCESS TO DENTAL CARE THE HOSPITAL IS CURRENTLY INTHE PROCESS OF DEVELOPING ITS IMPLEMENTATION PLAN

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE IF ABLE, AT THE TIME OF REGISTRATION PATIENTS ARE ASKED TO FILL OUT THE HOSPITAL CARE ASSURANCE PROGRAM APPLICATION WHICH INCLUDES CONTACT INFORMATION FOR QUESTIONS AND ASSISTANCE IN COMPLETING THE FORMS SIGNS AND APPLICATIONS ARE POSTED AT ALL POINTS OF ADMISSIONS INFORMING PATIENTS OF THE FREE CARE PROGRAMS WHICH ARE AVAILABLE IN 2010, THE APPLICATION WAS ADDED TO THE INTERNET FOR EASY PATIENT ACCESS ASH STAFF ASSISTS SELF-PAY INPATIENTS WITH THE MEDICAID PROCESS AND OTHER PROGRAMS UNDER WHICH THEY ARE ELIGIBLE FOR ASSISTANCE PATIENTS WHO ARE UNABLE TO BE SCREENED DURING THEIR STAY RECEIVE FOLLOW UP ASSISTANCE WITH QUALIFYING FOR THE ASSISTANCE PROGRAM THAT MOST APPROPRIATELY FITS THEIR FINANCIAL NEEDS THE APPLICATION AND CONTACT INFORMATION FOR THE OUTREACH DEPARTMENT IS PRINTED ON THE BACK OF EVERY STATEMENT

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION ASH ENCOURAGES ITS EMPLOYEES AND BOARD MEMBERS TO BE ACTIVELY INVOLVED IN THE COMMUNITY THE ORGANIZATION HAS ELEVEN BOARD MEMBERS WHO ARE ACTIVELY INVOLVED IN THE COMMUNITY TO BE REPRESENTATIVES OF THE COMMUNITY'S INTERESTS IN HEALTH CARE SERVICES THE MEDICAL STAFF IS COMPRISED OF 224 PHYSICIANS ANY PHYSICIAN IN GOOD STANDING WITHIN AULTMAN HOSPITAL'S MEDICAL STAFF AND WITH AN APPROPRIATE SPECIALTY TO CARE FOR MEDICALLY COMPLEX PATIENTS MAY APPLY FOR PRIVILEGES AT ASH ASH'S SERVICE AREA INCLUDES STARK, WAYNE, HOLMES, CARROLL AND TUSCARAWAS COUNTIES THE CORE SERVICE AREA FOR THE HOSPITAL IS STARK COUNTY THE OHIO DEPARTMENT OF DEVELOPMENT ESTIMATED THE 2016 POPULATION OF OUR FIVE COUNTY AREAS TO BE OVER 654,107 THE ORGANIZATION IS ONE OF ONLY 2 FACILITIES WITHIN THE 5 COUNTY AREAS WHO ARE CONSIDERED LONG-TERM ACUTE CARE FACILITIES AND WHO PROVIDE THE SPECIALIZATION NEEDED TO CARE FOR PATIENTS WITH SUCH COMPLEX MEDICAL CONDITIONS

Form and Line Reference	Explanation
PART VI, LINE 5	ASH IS A WHOLLY OWNED SUBSIDIARY OF AULTMAN HEALTH FOUNDATION AULTMANHEALTH FOUNDATION SUPPORTS AND PROMOTES THE HEALTH OF ITS COMMUNITYMEMBERS IN A VARIETY OF WAYS FROM EDUCATIONAL PROGRAMS TO HEALTH SCREENINGS, AULTMAN ACTIVELY PROMOTESHEALTH AND WELLNESS IN THE COMMUNITY EDUCATIONAL PROGRAMS INCLUDE MORETHAN 100 FREE HEALTH TALK PRESENTATIONS EACH YEAR, FEATURING LOCALPHYSICIANS AND HEALTH CARE PROFESSIONALS THE AULTMAN WEBSITE HASADDITIONAL HEALTH CARE RESOURCES, INCLUDING A HEALTH LIBRARY, SYMPTOMCHECKER, VIDEOS AND RISK ASSESSMENTS AULTMAN'S WORKING ON WELLNESS (WOW) MOBILE HEALTH-FAIR UNIT DEBUTED INFEBRUARY 2009 STAFFED BY MEDICAL PROFESSIONALS, THE WOW VAN VISITSSCHOOLS, COMMUNITY CENTERS, CHURCHES, SENIOR CENTERS AND BLOCK PARTIES TOPROVIDE FREE SCREENINGS AND HEALTH EDUCATION SCREENINGS SUCH AS BLOODPRESSURE CHECKS, HEIGHT, WEIGHT AND BODY MASS INDEX/PERCENTAGE OF BODY FATARE PROVIDED IN 2016, THE WOW STAFF REACHED MORE THAN 20,000 PEOPLE ADDITIONAL OUTREACH EFFORTS INCLUDED AULTMAN REPRESENTATIVES ATTENDINGHEALTH FAIRS THROUGHOUT THE YEAR THESE EVENTS INCLUDE SENIOR DAY AT THEPRO FOOTBALL HALL OF FAME, THE CANTON FARMERS' MARKET AND HEALTH FAIRS ATLOCAL SCHOOLS 2016 MARKED THE NINTH YEAR AULTMAN HOSTED THE CAREERS IN HEALTH CARESUMMER PROGRAM FOR HIGH SCHOOL SENIORS AND COLLEGE STUDENTS INTERESTED INHEALTH CARE CAREERS SYMPOSIUM PRESENTERS INCLUDED AULTMAN DOCTORS,NURSES, STAFF AND ADMINISTRATORS WHO SHARED INSIGHT ON THE CHALLENGES ANDOPPORTUNITIES OF WORKING IN HEALTH CARE THE EVENT ALSO INCLUDED A HEALTH

Form and Line Reference	Explanation
PART VI, LINE 6	AULTMAN'S BOARD OF DIRECTORS HAS 37 NON-EMPLOYED MEMBERS A TOTAL OF 43 OF THE 44 VOTING BOARD MEMBERS RESIDE IN THE CORE SERVICE AREA THE REMAINING PORTION RESIDES IN THE TERTIARY MARKET COMMUNITY PHYSICIANS REQUESTING AND ULTIMATELY QUALIFYING FOR MEDICAL STAFF PRIVILEGES WOULD BE GRANTED PRIVILEGES IN THEIR RESPECTIVE MEDICAL DEPARTMENTS

Additional Data

Software ID:

Software Version:

EIN: 34-1445390

Name: AULTMAN HEALTH FOUNDATION

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	AULTMAN SPECIALTY HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710 HTTP //WWW AULTMAN ORG 1454	X								LONG-TERM ACUTE CARE	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
AULTMAN SPECIALTY HOSPITAL	PART V, SECTION B, LINE 5 IN CONDUCTING ITS MOST RECENT CHNA AULTMAN SPECIALTY HOSPITAL USED THE STARK COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ADVISORY COMMITTEE THE CHNA ADVISORY COMMITTEE IS MADE UP OF A VARIETY OF HEALTH AND SOCIAL SERVICES AGENCIES AND VOLUNTEERS IN THE COMMUNITY THE FOLLOWING AGENCIES HAVE BEEN INVOLVED IN THE COMMITTEE STARK COUNTY HEALTH DEPARTMENT, CANTON CITY HEALTH DEPARTMENT, ALLIANCE COMMUNITY HOSPITAL, PEGASUS FARM, PRESCRIPTION ASSISTANCE NETWORK, MERCY MEDICAL CENTER, SISTERS OF CHARITY FOUNDATION OF CANTON, AUSTIN BAILEY HEALTH AND WELLNESS FOUNDATION, MENTAL HEALTH AND RECOVERY SERVICES BOARD OF STARK COUNTY, COMMUNITY ADVOCATES, STARK COUNTY FAMILY COUNCIL, HEALTH FOUNDATION OF GREATER MASSILLON, ACCESS HEALTH STARK COUNTY, STARK COUNTY MEDICAL SOCIETY, UNITED WAY OF GREATER STARK COUNTY, THE AULTMAN HEALTH FOUNDATION, STARK PARKS/LIVE WELL STARK COUNTY, STARK COUNTY COMMUNITY ACTION AGENCY, ALLIANCE CITY HEALTH DEPARTMENT, MASSILLON CITY HEALTH DEPARTMENT, AND THE OHIO STATE UNIVERSITY EXTENSION OFFICE PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, PARTICIPATED IN THE CHNA PROCESS THROUGH THE COMMUNITY SURVEY AND COMMUNITY LEADER WEB SURVEY, AS MEMBERS OF THE ADVISORY COMMITTEE AND AS SUMMIT PARTICIPANTS THE COMMUNITY SURVEY INCLUDED A RANDOM SAMPLE TELEPHONE SURVEY OF STARK COUNTY HOUSEHOLDS THAT INCLUDED A REPRESENTATIVE SAMPLE OF STARK COUNTY RESIDENTS AS WELL AS AN OVERSAMPLE OF AFRICAN-AMERICAN AND CANTON HOUSEHOLDS TELEPHONE INTERVIEWS WERE UTILIZED TO ENSURE REPRESENTATIVENESS OF THE POPULATION THE FINAL SAMPLE CONSISTED OF 800 RESPONDENTS DATA COLLECTION FROM TELEPHONE INTERVIEWS BEGAN ON JUNE 1 AND ENDED ON JULY 10, 2015 THE OVERSAMPLE OF AFRICAN-AMERICAN AND CANTON HOUSEHOLDS BEGAN JULY 13 AND ENDED AUG 25, 2015 THE COMMUNITY LEADER SURVEY WAS A WEB-BASED SURVEY WITH 72 SURVEYS COMPLETED FROM A TOTAL OF 476 INVITEES WITH VALID EMAIL ADDRESSES INVITATIONS WERE SENT ON SEPT 30, 2015 AND TWO REMINDER INVITATIONS WERE SENT ON OCT 20 AND OCT 28, 2015 THE ADVISORY COMMITTEE GUIDED THE DEVELOPMENT OF THE SURVEY AND APPROVED THE HEALTH INFORMATION PROVIDED THE ADVISORY COMMITTEE HELD FIVE MEETINGS THROUGHOUT 2015 TO REVIEW INDICATORS, IDENTIFY SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFY EXISTING HEALTH CARE FACILITIES AND RESOURCES WHICH ARE POTENTIALLY AVAILABLE TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED DURING THE EARLIER MEETINGS, THE ADVISORY COMMITTEE REVIEWED PRELIMINARY RESEARCH FINDINGS, DISCUSSED CONTENT FOR THE COMMUNITY LEADER WEB SURVEY, AND DISCUSSED THE NEED FOR ADDITIONAL DATA FOR THE ASSESSMENT, INCLUDING DATA ON CULTURAL COMPETENCY, GAPS IN SERVICE AND YOUTH THE ADVISORY COMMITTEE AGREED TO USE THE COMMUNITY HEALTH IMPROVEMENT CYCLE PROCESS AS THE ASSESSMENT MODEL FOR THE CHNA THE ADVISORY COMMITTEE DISCUSSED THE TIMING FOR UPDATING THE INDICATORS REPORT AND IDENTIFIED DATA SETS TO BE USED FOR COMPLETING THE STARK COUNTY HEALTH NEEDS ASSESSMENT INDIVIDUAL HOSPITALS DISCUSSED THEIR PRIORITIES AND PROGRAMS THAT ARE ADDRESSING THOSE PRIORITIES THE LATER MEETINGS INCLUDED DISCUSSIONS OF COMMUNITY HEALTH IMPROVEMENT PLANS AND PROGRAMS ADDRESSING COMMUNITY NEEDS ON FEB 24, 2016, DURING THE STARK COUNTY ANNUAL HEALTH IMPROVEMENT SUMMIT, THE FIVE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY WERE DISCUSSED AND PRIORITIZED FOLLOWED BY A DISCUSSION OF EXISTING RESOURCES AND ACTIVITIES WITHIN THE COMMUNITY ADDRESSING THOSE SIGNIFICANT HEALTH NEEDS SUMMIT PARTICIPANTS, WHICH INCLUDED MORE THAN 50 HEALTH AND SOCIAL SERVICES AGENCIES AND VOLUNTEERS IN THE COMMUNITY, IDENTIFIED THE TOP THREE NEEDS AS THOSE NEEDS TO BE INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT PLAN ALL REQUIRED SOURCES FROM THOSE REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY PARTICIPATED IN THE CHNA PROCESS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
AULTMAN SPECIALTY HOSPITAL	PART V, SECTION B, LINE 6A THE CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING HOSPITAL FACILITIES AULTMAN HOSPITAL, AFFINITY MEDICAL CENTER, ALLIANCE COMMUNITY HOSPITAL, AND MERCY MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
AULTMAN SPECIALTY HOSPITAL	PART V, SECTION B, LINE 6B THE CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING NON-HOSPITAL FACILITIES ACCESS HEALTH STARK COUNTY, ALLIANCE COMMUNITY GARDEN COMMITTEE, ALLIANCE CITY HEALTH DEPARTMENT, THE AULTMAN HEALTH FOUNDATION, AULTMAN MEDICAL GROUP, AUSTIN BAILEY HEALTH AND WELLNESS FOUNDATION, BUCKEYE HEALTH PLAN, CANTON CITY HEALTH DEPARTMENT, CANTON REGIONAL AREA HEALTH EDUCATION CENTER, CARROLL COUNTY GENERAL HEALTH DISTRICT, CIRV - COMMUNITY INITIATIVE TO REDUCE VIOLENCE, COMING TOGETHER STARK COUNTY, COMMUNITY ADVOCATES, CREATING HEALTHY COMMUNITIES, DELI OHIO LLC, GENTLEBROOK, GREYLEDGE CONSULTING, HEALTH FOUNDATION OF GREATER MASSILLON, HEALTH POLICY INSTITUTE OF OHIO, ICAN, LATINO BUSINESS LEAGUE, LIFECARE FAMILY HEALTH & DENTAL CENTER, LIGHTHOUSE VISIONS, INC , MASSILLON CITY HEALTH DEPARTMENT, MENTAL HEALTH AND RECOVERY SERVICES BOARD OF STARK COUNTY, MOLINA HEALTHCARE OF OHIO, NORTH CANTON MEDICAL FOUNDATION, NORTH CANTON YMCA, NORTHEAST OHIO MEDICAL UNIVERSITY, THE OHIO STATE UNIVERSITY EXTENSION OFFICE, PATHWAY CARING FOR CHILDREN, PRESCRIPTION ASSISTANCE NETWORK, SCOTT'S TRAINING CENTER, STARK COMMUNITY FOUNDATION, STARK COUNTY COMMUNITY ACTION AGENCY, STARK COUNTY EDUCATIONAL SERVICES CENTER, STARK COUNTY FAMILY COUNCIL, STARK COUNTY HEALTH DEPARTMENT, STARK COUNTY JOB AND FAMILY SERVICE, CHILDREN SERVICES DIVISION, STARK COUNTY MEDICAL SOCIETY, STARK COUNTY URBAN MINORITY ALCOHOLISM DRUG ABUSE OUTREACH PROGRAM, STARK FRESH, STARK METROPOLITAN HOUSING AUTHORITY, STARK PARKS/LIVE WELL STARK COUNTY, SUMMA HEALTH, PEGASUS FARM, SISTERS OF CHARITY FOUNDATION OF CANTON, THRIVE - TOWARD HEALTH RESILIENCY FOR INFANT VITALITY & EQUITY, UNITED HEALTHCARE COMMUNITY PLAN, UNITED WAY OF GREATER STARK COUNTY, WALSH UNIVERSITY, AND YWCA CANTON IN ADDITION, THE COLLABORATION CONTRACTED WITH CENTER FOR MARKETING & OPINION RESEARCH, LLC TO CONDUCT THE STARK COUNTY HEALTH NEEDS ASSESSMENT AND PREPARE THE 2015 STARK COUNTY HEALTH NEEDS ASSESSMENT THE CENTER FOR MARKETING & OPINION RESEARCH PROVIDES PUBLIC OPINION RESEARCH SERVICES TO COLLEGES AND UNIVERSITIES, HOSPITALS AND HEALTH CARE ORGANIZATIONS, BUSINESSES, AND COMMUNITY-BASED ORGANIZATIONS AND GOVERNMENT AGENCIES SERVICES INCLUDE TELEPHONE, WEB AND MAIL SURVEYS, FIELD, INTERCEPT AND KEY INFORMANT INTERVIEWS, FOCUS GROUP ADMINISTRATION, AS WELL AS A WIDE RANGE OF CONSULTING SERVICES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
AULTMAN SPECIALTY HOSPITAL	PART V, SECTION B, LINE 7D THE CHNA AND CHNA IMPLEMENTATION PLAN CAN BE FOUND AT THE FOLLOWING URL AULTMAN ORG/HOME/ABOUT/AULTMAN-HOSPITAL/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
AULTMAN SPECIALTY HOSPITAL	PART V, SECTION B, LINE 11 IN 2016, AULTMAN SPECIALTY HOSPITAL (ASH) CONDUCTED A CHNA THAT WAS COMPLETED IN OCTOBER 2016 WHILE THE MAJORITY OF 2016 WAS SPENT RESPONDING TO THE 2013 CHNA, ASH BEGAN RESPONDING TO THE NEEDS IDENTIFIED IN THE 2016 CHNA AS SOON AS IT WAS COMPLETED THE 2013 CHNA IDENTIFIED ACCESS TO HEALTHCARE, OBESITY AND LACK OF HEALTHY LIFESTYLE CHOICES, AND ACCESS TO MENTAL HEALTH SERVICES AS THE SIGNIFICANT COMMUNITY HEALTH NEEDS THE 2016 CHNA IDENTIFIED THOSE SAME NEEDS, AS WELL AS INFANT MORTALITY AND HEROIN/OPIATE USE AS THE FIVE SIGNIFICANT COMMUNITY HEALTH NEEDS OF THESE FIVE SIGNIFICANT NEEDS, ASH CHOSE TO ADDRESS ACCESS TO HEALTH CARE IN THE 2016 IMPLEMENTATION STRATEGY THE FOLLOWING IDENTIFIES THE NEED, ACTIONS TAKEN IN 2016 TO ADDRESS THE NEED, AND IMPACT OF THE ACTION IN ADDRESSING THE NEED NEED ACCESS TO HEALTH CAREAULTMAN HAS 554 PHYSICIANS ON ACTIVE STAFF IN MORE THAN 40 MEDICAL SPECIALTIES REFERRAL LISTINGS ARE ALSO AVAILABLE TO PROVIDERS AND PATIENTS OF THE AULTMAN MEDICAL GROUP TO MAKE PATIENTS MORE AWARE OF PROVIDERS IN THEIR AREA IN ADDITION TO PROVIDING CARE FOR PATIENTS WITH NO INSURANCE, AULTMAN ALSO SERVES THOUSANDS OF PATIENTS COVERED BY PROGRAMS SUCH AS MEDICAID PAYMENTS FROM THESE FEDERALLY FUNDED PROGRAMS DO NOT ALWAYS COVER THE TOTAL COST OF SERVICE FOR THE LOCAL AMISH COMMUNITY, AULTMAN OFFERS FREE TRANSPORTATION TO AND FROM DOCTOR APPOINTMENTS AND AULTMAN FACILITIES AN AMISH HOUSE IS ALSO LOCATED ADJACENT TO THE AULTMAN CAMPUS, GIVING VISITORS A FREE PLACE TO STAY WHEN LOVED ONES ARE HOSPITALIZED THE AULTMAN CANCER CENTER'S EVENTS PROVIDE A VARIETY OF FREE SCREENINGS TO HELP UNDERINSURED PEOPLE IN THE COMMUNITY IN 2016, A TOTAL OF 388 SCREENINGS WERE PROVIDED AT 7 EVENTS TO MORE THAN 200 UNINSURED OR UNDERINSURED INDIVIDUALS IN ADDITION, THE CANCER TEAM PARTICIPATED IN MORE THAN 20 COMMUNITY EVENTS THAT FOCUSED ON CANCER PREVENTION, EDUCATION, AND AWARENESS THE HEALTHY U PROGRAM, A COLLABORATION BETWEEN AULTMAN CANCER CENTER AND STARK COUNTY SCHOOLS, EDUCATED 100 6TH GRADE STUDENTS ON CANCER BASICS AND HOW LIFETIME CANCER RISK CAN BE REDUCED THROUGH HEALTHY LIFESTYLE HABITS A NEW PARTNERSHIP WITH STARK COUNTY FIREFIGHTERS WAS ESTABLISHED TO EDUCATE THE FIREFIGHTERS IN OUR COMMUNITY ON THEIR INCREASED RISK FOR CANCER AND HOW TO LOWER THOSE RISKS THE AULTMAN INFUSION THERAPY DEPARTMENT OPERATES A MEDICATION REIMBURSEMENT PROGRAM FOR UNINSURED PATIENTS LED BY AN ONCOLOGY-CERTIFIED REGISTERED NURSE, THE PROGRAM WAS SUCCESSFUL IN RECOVERING $949,400 IN DRUG COSTS AND $106,170 IN COPAY ASSISTANCE IN 2015 FROM VARIOUS ASSISTANCE PROGRAMS AULTMAN HEALTH TALKS PROVIDES THE COMMUNITY WITH FREE HEALTH EDUCATION AND ACCESS TO A MEDICAL EXPERT ON A MONTHLY BASIS PROVIDERS AND HEALTH CARE EXPERTS LEAD DISCUSSIONS ON A MULTITUDE OF HEALTH-RELATED TOPICS AULTMAN HOSTED OVER 100 HEALTH TALKS IN 2016 AH HAS A PARTNERSHIP WITH ACCESS HEALTH STARK COUNTY (AHSC) TO COORDINATE FOLLOW-UP CARE FOR PATIENTS DISCHARGED FROM AH'S EMERGENCY DEPARTMENT WHEN PATIENTS WITH MEDICAID OR THOSE WHO ARE UNINSURED AND DO NOT HAVE A PRIMARY CARE PROVIDER ARE DISCHARGED, THEY ARE REFERRED TO LIFECARE FAMILY HEALTH & DENTAL CENTER (LIFECARE) THE TEAMS FROM AULTMAN, AHSC, AND LIFECARE DEVELOPED A PROCESS FOR POST-EMERGENCY DEPARTMENT CARE COORDINATION FOR VULNERABLE POPULATIONS AS OF THE PUBLICATION OF THE 2016 CHNA, AULTMAN WAS FOLLOWING 99 ACTIVE CLIENTS WHO ANSWERED A FOLLOW-UP CALL EACH YEAR FOR THE GREAT AMERICAN SMOKE OUT, AULTMAN HEART, CANCER AND COMMUNITY TEAMS COLLABORATE TO PROVIDE FREE EDUCATION, CESSATION COUNSELING AND TO PROMOTE TOBACCO CESSATION STRATEGIES, INCLUDING THE FREE "GIVE IT UP!" TOBACCO CESSATION PROGRAM SNACKS, CAFETERIA DISCOUNT CARDS AND A RAFFLE ARE PROVIDED TO ATTRACT VISITORS IN 2016, WE HAD 116 INTERACTIONS WITH VISITORS AND STAFF, GAVE OUT 10 GIFT BAGS TO THOSE WHO COMMITTED TO QUIT, AND SIGNED 4 PEOPLE UP FOR TOBACCO CESSATION CLASSES NEEDS NOT ADDRESSEDASH CHOSE NOT TO ADDRESS THE NEED FOR MENTAL HEALTH SERVICES, INFANT MORTALITY, OBESITY AND LACK OF HEALTHY LIFESTYLE CHOICES, AND HEROIN/OPIATE USE BECAUSE ASH IS A LONG-TERM ACUTE CARE HOSPITAL AND DOES NOT POSSESS THE EXPERTISE TO ADDRESS THESE NEEDS AULTMAN SPECIALTY HOSPITAL WILL RELY ON THE EXPERTISE OF OTHER ORGANIZATIONS, INCLUDING AULTMAN HOSPITAL, TO ADDRESS THESE NEEDS THERE ARE SIGNIFICANT PROGRAMS, FACILITIES AND ORGANIZATIONS WITHIN THE COMMUNITY, AS IDENTIFIED IN THE 2016 CHNA REPORT AND IMPLEMENTATION STRATEGY, THAT ARE AVAILABLE TO ADDRESS THESE NEEDS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
AULTMAN SPECIALTY HOSPITAL	PART V, SECTION B, LINE 13H AULTMAN HEALTH FOUNDATION IS THE PARENT COMPANY OF AULTMAN SPECIALTY HOSPITAL ASH HAS A FINANCIAL ASSISTANCE POLICY (FAP) WHICH HAS THE SAME PROVISIONS AS THE POLICY FOR AULTMAN HOSPITAL AND OTHER FACILITIES WITHIN AULTMAN HEALTH FOUNDATION ACCORDING TO AULTMAN HOSPITAL'S FINANCIAL ASSISTANCE POLICY (FAP), ALL MEDICALLY NECESSARY SELF-PAY PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA IS BASED ON THE UPDATES PUBLISHED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES THE PERCENT OF ASSISTANCE PROVIDED IS DETERMINED ON A SLIDING SCALE AS FOLLOWS 0% TO 100% OF FEDERAL POVERTY GUIDELINE (FPG) RECEIVES 100% DISCOUNT, 101% TO 150% OF FPG IS DISCOUNTED 90%, 151% TO 200% IS DISCOUNTED 80%, 201% TO 300% IS DISCOUNTED 65%, AND 301% AND ABOVE IS DISCOUNTED 54%

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
AULTMAN SPECIALTY HOSPITAL	PART V, SECTION B, LINE 16J THE FINANCIAL ASSISTANCE INFORMATION CAN BE FOUND AT THE FOLLOWING URL AULTMAN ORG/HOME/PATIENTS-AND-VISITORS/INSURANCE-AND-BILLING/ FINANCIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, LINE 13A	ALL MEDICALLY NECESSARY SELF-PAY PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA IS BASED ON THE UPDATES PUBLISHED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES THE PERCENT OF ASSISTANCE PROVIDED IS DETERMINED ON A SLIDING SCALE AS FOLLOWS 0% TO 100% OF FEDERAL POVERTY GUIDELINE (FPG) RECEIVES 100% DISCOUNT, 101% TO 150% OF FPG IS DISCOUNTED 90%, 151% TO 200% IS DISCOUNTED 80%, 201% TO 300% IS DISCOUNTED 65%, AND 301% AND ABOVE IS DISCOUNTED 54%

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	AULTMAN HEALTH FOUNDATION'S (AHF) COMMUNITY SUPPORT POLICY/PROCEDURE PROVIDES GUIDANCE IN RESPONSE TO COMMUNITY ORGANIZATION REQUESTS FOR SUPPORT AHF DEEMS IT BENEFICIAL AND NECESSARY TO BE A GOOD CORPORATE CITIZEN AND WILL CONSIDER SUPPORT OF COMMUNITY ENDEAVORS AND PROJECTS THAT WILL IMPROVE THE LIVES AND LIVELIHOOD OF THE COMMUNITY IT SERVES A SPONSORSHIP COMMITTEE MEETS REGULARLY TO REVIEW REQUESTS FOR SUPPORT FROM VARIOUS COMMUNITY ORGANIZATIONS

Additional Data

Software ID:
Software Version:
EIN: 34-1445390
Name: AULTMAN HEALTH FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 5555 FRANTZ RD DUBLIN, OH 43017	24-0726080	501(C)(3)	9,000				RELAY FOR LIFE SPONSOR
AMERICAN HEART ASSOCIATION 4916 HILLS DALES RD NW CANTON, OH 44708	13-5613797	501(C)(3)	17,000				CANTON GO RED SPONSOR, HEART BALL TICKETS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS IN STARK 1001 MARKET AVE N CANTON, OH 44702	34-6609771	501(C)(3)	80,750				SUPPORT LOCAL ART PROGRAMS
CANTON REGIONAL CHAMBER OF COMMERCE 222 MARKET AVE N CANTON, OH 44702	34-0129930	501(C)(6)	53,618				SUPPORT LOCAL COMMUNITY EVENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MASSILLON ONE JAMES DUNCAN PLAZA MASSILLON, OH 44646	34-6001829	CITY OF MASSILLON	50,000				MASSILLON DOWNTOWN IMPROVEMENT PROJECT
MASSILLON CHAMBER OF COMMERCE 137 LINCOLN WAY E MASSILLON, OH 44646	34-0383260	501(C)(6)	9,102				MEMBERSHIP INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE AULTMAN FOUNDATION 2600 SIXTH ST SW CANTON, OH 44710	20-8090459	501(C)(3)	75,000				TO SUPPORT VARIOUS ORGANIZATIONS IN THE COMMUNITY
UNITED WAY GREATER STARK COUNTY 4825 HIGBEE AVE NW STE 101 CANTON, OH 44718	13-4254191	501(C)(3)	251,875				COMMUNITY INVOLVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WALSH UNIVERSITY 2020 EAST MAPLE NORTH CANTON, OH 44720	34-0868798	501(C)(3)	155,000				TO SUPPORT CONSTRUCTION AND EQUIPEMENT OF LEARNING SPACE FOR MASTER'S DEGREE IN OCCUPATIONAL THERAPY

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	ALL EMPLOYEES ARE ELIGIBLE TO RECEIVE REIMBURSEMENT FOR HEALTH CLUB COSTS UP TO $120 ANNUALLY AS PART OF THE ORGANIZATION'S EFFORT TO PROMOTE HEALTHY LIFESTYLES THIS AMOUNT WAS INCLUDED AS TAXABLE COMPENSATION FOR ALL EMPLOYEES THAT RECEIVED THE BENEFIT
PART I, LINE 3	SEE SCHEDULE O FOR THE NARRATIVE RELATED TO FORM 990, PART VI, LINE 15 FOR AN EXPLANATION OF EXECUTIVE COMPENSATION REVIEW
PART I, LINE 4B	MARK ROSE, EILEEN GOOD, RICK HAINES, ED ROTH, CHRIS REMARK, MARK WRIGHT, FRANCIS SNYDER, AND TIM TEYNOR ARE PARTICIPANTS IN THE ORGANIZATION'S 457(F) PLAN THERE WERE NO CONTRIBUTIONS TO OR DISTRIBUTIONS FROM THE PLAN IN 2016

Additional Data

Software ID:
Software Version:
EIN: 34-1445390
Name: AULTMAN HEALTH FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1EDWARD J ROTH III PRESIDENT/CEO	(I)	573,752	100	11,969	7,950	15,756	609,527	0
	(II)	0	0	0	0	- 0	- 0	0
1CHRISTOPHER E REMARK TREASURER/CEO-AH	(I)	0	0	0	0	0	0	0
	(II)	389,476	100	1,124	7,950	- 16,323	- 414,973	0
2MILAN R DOPIRAK MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	298,414	117,642	13,986	7,950	- 9,111	- 447,103	0
3RICK L HAINES DIRECTOR/CEO-AULTCARE	(I)	0	0	0	0	0	0	0
	(II)	411,828	600	4,657	7,950	- 9,195	- 434,230	0
4MICHAEL LYNCHDIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	413,423	13,453	1,639	7,950	- 12,669	- 449,134	0
5MICHAEL RICH MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	227,452	185,621	43,797	7,950	- 15,756	- 480,576	0
6MARK D WRIGHTCFO	(I)	339,206	100	992	7,950	16,323	364,571	0
	(II)	0	0	0	0	- 0	- 0	0
7ELIZABETH A GETZCIO	(I)	237,077	2,753	709	7,344	15,756	263,639	0
	(II)	0	0	0	0	- 0	- 0	0
8ROBERT C MOLNAR VP - PHYSICIAN SERVICES	(I)	186,164	2,751	403	5,817	15,418	210,553	0
	(II)	0	0	0	0	- 0	- 0	0
9SUSAN E OLIVERA VP - HUMAN RESOURCES	(I)	224,902	100	681	6,965	15,756	248,404	0
	(II)	0	0	0	0	- 0	- 0	0
10ALLISON M OPRANDI MD CEO - IHC	(I)	0	0	0	0	0	0	0
	(II)	331,686	5,180	2,513	7,950	- 15,318	- 362,647	0
11MARK N ROSE VP - LEGAL SERVICES	(I)	261,448	100	2,189	7,950	16,280	287,967	0
	(II)	0	0	0	0	- 0	- 0	0
12RONALD RUSNAK DIRECTOR OF CLINICAL INFORMATICS	(I)	308,262	100	1,317	7,950	9,066	326,695	0
	(II)	0	0	0	0	- 0	- 0	0
13KEVIN D PETE SENIOR VP - IHN	(I)	225,611	100	952	6,884	15,756	249,303	0
	(II)	0	0	0	0	- 0	- 0	0
14TIMOTHY TEYNOR VP - PUBLIC POLICY	(I)	191,438	100	3,796	5,988	15,418	216,740	0
	(II)	0	0	0	0	- 0	- 0	0
15JASON A JUSTUS ASSOC VP - POMERENE FINANCE	(I)	164,062	30,700	490	5,910	15,002	216,164	0
	(II)	0	0	0	0	- 0	- 0	0
16FRANCIS SNYDER CEO - POMERENE	(I)	275,544	52,100	2,953	7,950	7,209	345,756	0
	(II)	0	0	0	0	- 0	- 0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2B	AULTMAN HEALTH FOUNDATION'S EMPLOYEES ARE PAID BY A COMMON PAYMASTER AULTMAN HEALTH FOUNDATION IS THE PARENT COMPANY OF THE AULTMAN HEALTH SYSTEM SEE SCHEDULE R FOR INFORMATION ON SUBSIDIARIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF DIRECTORS HAS AN EXECUTIVE COMMITTEE THAT CONSISTS OF THE CHAIR, VICE CHAIR, PRESIDENT/CEO, SECRETARY, TREASURER, PRESIDENT OF THE MEDICAL STAFF AT AULTMAN HOSPITAL, A ND THE PAST CHAIR THE EXECUTIVE COMMITTEE MEETS ONLY AS NECESSARY BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND HAS AND EXERCISES THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE ORGANIZATION, EXCEPT IN MATTERS IN WHICH THE BOARD IS REQUIRED TO ACT BY LAW, BY THE A RTICLES OF INCORPORATION, OR BY THE CODE OF REGULATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JOHN SIRPILLA AND THEODORE BOYD ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND AUL TMAN HOSPITAL AND HAVE A BUSINESS RELATIONSHIP BRIAN BELDEN AND WILLIAM BELDEN ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND AULTMAN HOSPITAL AND HAVE A FAMILY RELATIONSH IP GEOFF KARCHER AND BRYAN RICE ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND AU LTMAN HOSPITAL AND HAVE A BUSINESS RELATIONSHIP JOSEPH HALTER AND GEOFF KARCHER ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND AULTMAN HOSPITAL AND HAVE A BUSINESS RELATIO NSHIP GENE LITTLE AND HARRY MACNEALY ARE BOARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION A ND AULTMAN HOSPITAL AND HAVE A BUSINESS RELATIONSHIP EDWARD ROTH AND HARRY MACNEALY ARE B OARD MEMBERS OF THE AULTMAN HEALTH FOUNDATION AND AULTMAN HOSPITAL AND HAVE A BUSINESS REL ATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE AULTMAN HOSPITAL MEDICAL STAFF PRESIDENT AND PRESIDENT-ELECT, AS WELL AS THE PHYSICIAN CHAIRMAN OF THE BOARD OF AULTCARE CORPORATION, ARE EX-OFFICIO VOTING MEMBERS OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY AN INDEPENDENT CPA FIRM BASED ON INFORMATION PROVIDED BY AULT MAN HEALTH FOUNDATION'S FINANCE DEPARTMENT AHF'S FINANCE DEPARTMENT CAREFULLY REVIEWED AN D ANALYZED THE TAX RETURN THE DEPARTMENT RECONCILED THE GENERAL LEDGER AMOUNTS TO THE APP ROPRIATE SCHEDULES ON THE FORM 990 AND COMPARED THOSE AMOUNTS TO THE AUDITED FINANCIAL STA TEMENTS IN ADDITION, THE FINANCE DEPARTMENT DID A COMPARATIVE ANALYSIS TO THE PRIOR YEAR RETURN THE ANALYSIS AND RECONCILIATION SCHEDULES, ALONG WITH A COMPLETE COPY OF THE 990, WERE PROVIDED TO THE CHIEF FINANCIAL OFFICER FOR REVIEW AND APPROVAL A COMPLETE COPY OF T HE 990 WAS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS THROUGH A SECURED INTERNET PORTAL PRIOR TO THE FILING DATE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE AULTMAN HEALTH FOUNDATION'S BOARD OF DIRECTORS HAS A CONFLICT OF INTEREST POLICY AS A RESULT OF THIS POLICY, EACH YEAR BOARD MEMEBERS, OFFICERS, AND SENIOR STAFF COMPLETE A FO RM DISCLOSING ANY CONFLICTS OF INTEREST THEY MAY HAVE THE COMPLIANCE OFFICE REVIEWS THESE DISCLOSURE FORMS AND INFORMS THE BOARD CHAIRMAN, AND OTHER APPROPRIATE OFFICERS, OF NOTAB LE CONFLICTS, IF ANY THOSE WITH CONFLICTS ARE ASKED TO RECUSE THEMSELVES FROM DISCUSSIONS RELATING TO THE CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE AULTMAN HEALTH FOUNDATION AND ITS AFFILIATED ENTITIES USE THE FOLLOWING REFERENCE MATE RIALS FOR THE DEVELOPMENT OF EXECUTIVE COMPENSATION OHIO HOSPITAL ASSOCIATION (OHA), MERC ER INTEGRATED HEALTH NETWORK, INCLUDING SURVEY DATA FOR BOTH HOSPITALS AND HEALTH PLANS, A ND SULLIVAN COTTER AND ASSOCIATES (SCA) ADDITIONAL SOURCES OF SALARY SURVEY DATA ARE AVAI LABLE FOR USE WHERE APPROPRIATE INCLUDING COMPDATASURVEYS COM, SALARY COM, AND CHAMPS IN THESE CASES, THE SURVEY IS REFERENCED WHERE APPLICABLE EXECUTIVE PERFORMANCE, WAGE RECOMM ENDATIONS AND BONUS PAYMENTS ARE REVIEWED BY THE CEO PRIOR TO REVIEW AND APPROVAL BY THE C OMPENSATION COMMITTEE OF THE AULTMAN HEALTH FOUNDATION BOARD OF DIRECTORS THE CEO'S COMPE NSATION IS ALSO REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE THE COMPENSATION COMM ITTEE OF THE AULTMAN HEALTH FOUNDATION BOARD OF DIRECTORS HAS ENGAGED SULLIVAN COTTER & AS SOCIATES, INC , AN INDEPENDENT COMPENSATION CONSULTING FIRM, FOR REVIEW OF EXECUTIVE COMPE NSATION PRACTICES THE AULTMAN HEALTH FOUNDATION AND ITS AFFILIATED ENTITIES USE THE FOLLO WING REFERENCE MATERIALS FOR THE DEVELOPMENT OF PHYSICIAN COMPENSATION MEDICAL GROUP MANA GEMENT ASSOCIATES (MGMA), AMERICAN MEDICAL GROUP ASSOCIATION (AMGA), HOSPITAL AND HEALTHCA RE COMPENSATION SERVICE (HHCS) AND SULLIVAN COTTER AND ASSOCIATES (SCA) IN ADDITION TO SA LARY SURVEYS, AULTMAN HOSPITAL ALSO RETAINS AN INDEPENDENT CONSULTING FIRM FOR PHYSICIANS COMPENSATION SERVICES ALL PHYSICIAN COMPENSATION RECOMMENDATIONS ARE SENT TO THE CEO, VP OF PHYSICIAN SERVICES, COO, AND CNO FOR FINAL APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AULTMAN HEALTH FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 1B	EDWARD J ROTH III AND CHRISTOPHER E REMARK ARE PAID EMPLOYEES OF THE ORGANIZATION RICK L HAINES, MILAN R DOPIRAK MD, MICHAEL LYNCH MD AND MICHAEL RICH MD ARE PAID EMPLOYEES OF A R ELATED ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES PROGRAM SERVICE EXPENSES 2,436,961 MANAGEMENT AND GENERAL EXPENSES 571,633 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,008,594 PURCHASED MAINTENANCE PROGRAM SERVICE EXPENSES 2,313,303 MANAGEMENT AND GENERAL EXPENSES 542,627 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,855,930 LTACH PATIENT SERVICES PROGRAM SERVICE EXPENSES 1,358,419 MANAGEMENT AND GENERAL EXPENSES 318,642 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,677,061 OTHER CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 1,345,512 MANAGEMENT AND GENERAL EXPENSES 315,614 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,661,126 PROFESSIONAL FEES - PHYSICIAN PROGRAM SERVICE EXPENSES 183,740 MANAGEMENT AND GENERAL EXPENSES 43,100 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 226,840 PROFESSIONAL FEES - NONPHYSICIAN PROGRAM SERVICE EXPENSES 44,911 MANAGEMENT AND GENERAL EXPENSES 10,535 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 55,446 HOSPITAL FRANCHISE FEE PROGRAM SERVICE EXPENSES 75,273 MANAGEMENT AND GENERAL EXPENSES 17,657 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 92,930

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INTERFUND TRANSFERS -2,648,167 INTEREST RATE SWAP 26,763

990 Schedule O, Supplemental Information

Return Reference	Explanation
FEDERAL ELECTIONS	SECTION 1 263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION AULTMAN HEALTH FOUNDATION 2600 SIXTH STREET SW CANTON, OH 44710 EMPLOYER IDENTIFICATION NUMBER 34-1445390 FOR THE YEAR ENDING DECEMBER 31, 2016 AULTMAN HEALTH FOUNDATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG SEC 1 263(A)-1(F)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AULTMAN HEALTH FOUNDATION

Employer identification number
34-1445390

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AULTMAN SPECIALTY HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710 13-4246188	LONG-TERM ACUTE CARE	OH	6,760,425	3,486,447	AULTMAN HEALTH FOUNDATION
(2) INTEGRATED HEALTH COLLABORATIVE LLC 2600 SIXTH ST SW CANTON, OH 44710 45-4325320	HEALTH COLLABORATIVE	OH	367,600	3,269	AULTMAN HEALTH FOUNDATION
(3) AULTMAN INNOVATIONS LLC 2600 SIXTH ST SW CANTON, OH 44710 81-0847842	IP HOLDING AND MARKETING	OH	0	0	AULTMAN HEALTH FOUNDATION

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) AULTMAN HOSPITAL 2600 SIXTH ST SW CANTON, OH 44710 34-0714538	HOSPITAL	OH	501(C)(3)	LINE 3	AULTMAN HEALTH FOUNDATION	Yes	
(2) THE AULTMAN FOUNDATION 2600 SIXTH ST SW CANTON, OH 44710 20-8090459	FUNDRAISING	OH	501(C)(3)	LINE 7	AULTMAN HEALTH FOUNDATION	Yes	
(3) ORRVILLE HOSPITAL FOUNDATION 832 S MAIN ST ORRVILLE, OH 44667 34-0733138	HOSPITAL	OH	501(C)(3)	LINE 3	AULTMAN HEALTH FOUNDATION	Yes	
(4) AULTMAN COLLEGE OF NURSING AND HEALTH 2600 SIXTH ST SW CANTON, OH 44710 20-1359433	COLLEGE	OH	501(C)(3)	LINE 2	AULTMAN HOSPITAL	Yes	
(5) AULTMAN NORTH CANTON MEDICAL GROUP 2600 SIXTH ST SW CANTON, OH 44710 34-1088530	HEALTHCARE	OH	501(C)(3)	LINE 10	AULTMAN HEALTH FOUNDATION	Yes	
(6) TUSCARAWAS VALLEY REGIONAL CANCER CENTER 300 MEDICAL PARK DRIVE DOVER, OH 44622 31-1689698	MEDICAL SERVICE	OH	501(C)(3)	LINE 3	N/A		No
(7) DARTMOUTH CHILD CARE CENTER CONTRACTING SERVICES INC 125 DARTMOUTH AVE SW CANTON, OH 44710 34-1652364	SUPPORT ORGANIZATION	OH	501(C)(3)	LINE 12C, III-FI	AULTMAN HOSPITAL	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) WEST TUSCARAWAS PROPERTY MANAGEMENT LLC 2600 SIXTH ST SW CANTON, OH 44710 20-0090246	PROPERTY MGMT	OH	AULTCARE INSURANCE COMPANY	EXCLUDED	-140,894	11,947,605		No			No	97 550 %
(2) AULTMAN ONCOLOGY CENTER OF EXCELLENCE LLC 2600 SIXTH ST SW CANTON, OH 44710 45-4215510	HEALTHCARE	OH	AULTMAN HOSPITAL	RELATED	53,253	41,777		No			No	64 770 %
(3) IHN POST-ACUTE NETWORK LLC 2821 WOODLAWN AVE NW CANTON, OH 44708 81-3136598	HEALTHCARE	OH	AULTMAN HOSPITAL	RELATED	-13,735	85,818		No			No	65 800 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)THE AULTMAN FOUNDATION	B	75,000	FMV
(2)AULTMAN HOSPITAL	K	312,342	FMV
(3)AULTMAN HOSPITAL	P	1,728,816	FMV
(4)AULTCARE INSURANCE COMPANY	Q	1,147,057	FMV
(5)AULTMAN HOSPITAL	Q	32,619,842	FMV
(6)AULTMAN ORRVILLE HOSPITAL	Q	223,452	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 34-1445390
Name: AULTMAN HEALTH FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 2600 SIXTH ST SW CANTON, OH 44710 34-0714538	HOSPITAL	OH	501(C)(3)	LINE 3	AULTMAN HEALTH FOUNDATION	Yes	
(1) 2600 SIXTH ST SW CANTON, OH 44710 20-8090459	FUNDRAISING	OH	501(C)(3)	LINE 7	AULTMAN HEALTH FOUNDATION	Yes	
(2) 832 S MAIN ST ORRVILLE, OH 44667 34-0733138	HOSPITAL	OH	501(C)(3)	LINE 3	AULTMAN HEALTH FOUNDATION	Yes	
(3) 2600 SIXTH ST SW CANTON, OH 44710 20-1359433	COLLEGE	OH	501(C)(3)	LINE 2	AULTMAN HOSPITAL	Yes	
(4) 2600 SIXTH ST SW CANTON, OH 44710 34-1088530	HEALTHCARE	OH	501(C)(3)	LINE 10	AULTMAN HEALTH FOUNDATION	Yes	
(5) 300 MEDICAL PARK DRIVE DOVER, OH 44622 31-1689698	MEDICAL SERVICE	OH	501(C)(3)	LINE 3	N/A		No
(6) 125 DARTMOUTH AVE SW CANTON, OH 44710 34-1652364	SUPPORT ORGANIZATION	OH	501(C)(3)	LINE 12C, III-FI	AULTMAN HOSPITAL	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MCKINLEY ASSURANCE SPC PO BOX 1051 GEORGE TOWN, GRAND CAYMANS CJ 98-0468384	PORTFOLIO	CJ	AULTMAN HEALTH FOUNDATION	C	6,136,908	19,966,134	100 000 %	Yes	
(1) AULTCARE CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 34-1488123	PREF PROVIDER ORG	OH	AULTMAN HEALTH FOUNDATION	C	5,464,913	5,383,380	50 000 %	Yes	
(2) AULTCARE HOLDING COMPANY 2600 SIXTH ST SW CANTON, OH 44710 47-1165287	HOLDING COMPANY	OH	AULTMAN HEALTH FOUNDATION	C			100 000 %	Yes	
(3) NORTH CENTRAL MEDICAL RESOURCES INC 2600 SIXTH ST SW CANTON, OH 44710 34-1610344	MEDICAL EQUIPMENT RENTAL	OH	AULTCARE HOLDING COMPANY	C	3,527,186	170,429,531	100 000 %	Yes	
(4) OHIO SPECIALTY PHYSICIANS CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 34-1853300	HEALTH SERVICES	OH	AULTCARE HOLDING COMPANY	C	2,737,614	316,746	100 000 %	Yes	
(5) OHIO HOSPITAL BASED PHYSICIANS CORP 2600 SIXTH ST SW CANTON, OH 44710 34-1871647	HEALTH SERVICES	OH	AULTCARE HOLDING COMPANY	C	10,393,180	1,161,837	100 000 %	Yes	
(6) OHIO PHYSICIANS PROFESSIONAL CORP 2600 SIXTH ST SW CANTON, OH 44710 31-1509897	HEALTH SERVICES	OH	AULTCARE HOLDING COMPANY	C	20,239,330	2,492,947	100 000 %	Yes	
(7) AULTMAN MSO 2600 SIXTH ST SW CANTON, OH 44710 31-1509904	ADMIN SERVICES	OH	AULTCARE HOLDING COMPANY	C	6,717,878	790,354	100 000 %	Yes	
(8) AULTCARE HEALTH INSURING CORPORATION 2600 SIXTH ST SW CANTON, OH 44710 46-3305099	INSURANCE	OH	AULTCARE HOLDING COMPANY	C	245,746,445	86,229,296	100 000 %	Yes	
(9) AULTCARE INSURANCE COMPANY 2600 SIXTH ST SW CANTON, OH 44710 34-1624818	INSURANCE	OH	AULTCARE HOLDING COMPANY	C	261,281,117	79,500,125	100 000 %	Yes	
(10) AULTRA ADMINISTRATIVE GROUP 2600 SIXTH ST SW CANTON, OH 44710 20-4951704	ADMIN SERVICE	OH	AULTCARE HOLDING COMPANY	C	2,615,842	62,327	100 000 %	Yes	
(11) AULTCOMP MCO INC 2600 SIXTH ST SW CANTON, OH 44710 27-4379962	HEALTH SERVICES	OH	AULTCARE HOLDING COMPANY	C	3,019,980	17,889	100 000 %	Yes	
(12) WAYNE HEALTH SERVICES & SUPPLIES 2600 SIXTH ST SW CANTON, OH 44710 34-1501390	MEDICAL SUPPLIES	OH	AULTCARE HOLDING COMPANY	C	1,596,004	2,527,810	100 000 %	Yes	
(13) AULTMAN MEDICAL GROUP 2600 SIXTH ST SW CANTON, OH 44710 45-3166014	HEALTH SERVICES	OH	AULTCARE HOLDING COMPANY	C	13,868,118	2,186,691	100 000 %	Yes	
(14) MAINSIGHT ASO LLC 2600 SIXTH ST SW CANTON, OH 44710 47-3587655	HEALTH SERVICES	OH	AULTCARE HOLDING COMPANY	C		25,425	100 000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	THE AULTMAN FOUNDATION	B	75,000	FMV
(1)	AULTMAN HOSPITAL	K	312,342	FMV
(2)	AULTMAN HOSPITAL	P	1,728,816	FMV
(3)	AULTCARE INSURANCE COMPANY	Q	1,147,057	FMV
(4)	AULTMAN HOSPITAL	Q	32,619,842	FMV
(5)	AULTMAN ORRVILLE HOSPITAL	Q	223,452	FMV